

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/070737

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		3	
IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	3						
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TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS

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